STATEMENT OF

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FORM 1	I ORGANIZATION							Office Use Only						
1. NAME OF COMMITTEE (ir	n full)	(Check if is changed			ole:If typir ne lines.	g, type	1	2FE	4M5	Office	Use O	ily		
FINANCIAL	PLAN	NNING ASS	SOCIA	TIOI	N PO	LITIC	AL	AC	TIO	N C	CON	ЛM	ITT	EE
ADDRESS (number and street)		P.O. Box 75357												
X ◀ (Check if address is changed)				1 1 1	1 1 1	1 1 1	1 1	1 1	1 1	1 1	1 1	1 1	1	
		Washington CITY							DC 20013 -					
COMMITTEE'S E-MA	AIL ADDRES	SS												
(Check if is changed		Admin@Evans	Katz.com											
		Optional Second E	E-Mail Addre	ess										
(Check if is changed		http://www.fpanet.o	rg/profession	nals/Gov	ernmentRe	iations/FF	YAPAC							
2. DATE 1	0 12													
3. FEC IDENTIFIC	CATION NU	IMBER ▶	C coo	370130										
4. IS THIS STATE!	MENT	NEW (N)	OR	×	AMEN	DED (A)								
I certify that I have e	examined th	is Statement and to	the best of	f my kno	owledge a	nd belief	it is ti	ue, co	rrect a	and co	mplete	€.		
Type or Print Name	of Treasurer	Diane Evans												
Signature of Treasure	er <i>Diane</i> ——	Evans		[H	Electronical	ly Filed]	Dat	e	M M	/	12	/ Y	201	
NOTE: Submission of		ous, or incomplete in		-		_	-			he per	nalties	of 2 U	J.S.C.	§437g.
Office Use Only				F	or further i ederal Elect oll Free 800 ocal 202-69	on Commi: 424-9530		et:				ORI		